

## DEALER APPLICATION

All buyers must be pre-qualified in order to make purchases at manufacturer direct prices. Please take a minute and fill out the form below. Once your account is approved, your account manager will contact you.

COMPANY NAME: \_\_\_\_\_

CHOOSE ONE:

- LLC
- PARTNERSHIP
- CORPORATION INDIVIDUAL
- OWNER

RESALE PERMIT #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS OWNER, PARTNERS OR OFFICERS

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

BUSINESS OWNER, PARTNERS OR OFFICERS

- E-COMMERCE
- RETAILER
- DISTRIBUTOR
- OTHER

YEARS IN BUSINESS: \_\_\_\_\_

DO YOU HAVE A SHOWROOM? (Circle 1)      Yes      No

SHOWROOM ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SIZE IN SQ FEET: \_\_\_\_\_

BUSINESS OWNER, PARTNERS OR OFFICERS

- BATHROOM VANITIES
- BATHROOM TUBS

EMAIL : [klaus@cartisandesign.com](mailto:klaus@cartisandesign.com)

MANAGER APPROVAL SIGNATURE: \_\_\_\_\_